



Pre-Application Meeting Request

City of Tualatin Community Development Department
18880 SW Martinazzi Avenue, Tualatin, Oregon 97062
www.tualatinoregon.gov (503) 691-3026

Welcome and thank you for choosing to locate your project in the City of Tualatin.

Please complete this form and send it no later than 2 weeks before your intended meeting date to:

Lynette Sanford, Office Coordinator, fax (503) 692-0147 or e-mail lsanford@ci.tualatin.or.us.

If you have questions, Ms. Sanford's phone number is (503) 691-3026.

The Pre-Application Meeting fee of \$205 is due in full on or before the scheduled meeting date and must be paid before the meeting time. Meetings are scheduled on a Wednesday, Thursday, or Friday, unless circumstances are exceptional.

1. What type of development are you proposing? (Check all that apply)

☐ Industrial ☐ Commercial ☐ Residential ☐ Institutional ☐ Mixed-use

Please provide a brief description of your project: (Attach additional sheets if needed.)

2. Where is the development/project site? Address: _____

Planning District: _____ Map #: _____ Tax Lot #: _____

3. What is the applicant's affiliation with the project? (Check all that apply)

☐ Broker ☐ Developer ☐ Property Owner ☐ Representative ☐ Other

If "Other", please explain: _____

4. What is the primary purpose of this pre-application meeting (What would you like to accomplish)? (Attach additional sheets if needed.)

5. Are you familiar with the development process in Washington or Clackamas County or Tualatin? (Check one)

☐ Yes ☐ No

If Yes, please identify an example project: _____

6. Provide preliminary site plans, concept drawings and other details for staff review prior to the meeting:

☐ Yes, such is attached or will be provided concurrently through the pre-app coordinator.

7. Who, beside the Applicant, will be attending this Pre-Application Meeting? (Please list individual names and company or affiliation below. Attach an additional sheet if needed.)

Name: _____	Company or Affiliation: _____
Name: _____	Company or Affiliation: _____
Name: _____	Company or Affiliation: _____
Name: _____	Company or Affiliation: _____

9. Contact Information:

Applicant/Representative Name: _____

Applicant/Representative Address: _____

Applicant Email: _____ Phone #: _____ - _____ - _____

Cell #: _____ - _____ - _____ Fax #: _____ - _____ - _____

10. Are you familiar with the sections of the [Tualatin Development Code \(TDC\)](#) that pertain to your proposed development?

☐ Yes ☐ No

11. Have you had the required scoping meeting prior to this pre-app? ☐ Yes ☐ No

TO BE COMPLETED BY COMMUNITY DEVELOPMENT STAFF:

Date Request Received: _____ Received by: _____

Project Name: _____

Case #: _____

Past Scoping Meeting Date: _____

Scheduled Pre-Application Meeting Date: _____

Lead Department: _____

☐ Planning

☐ Economic Development

☐ Engineering & Building

☐ Payment Received

Amount: _____

☐ Check

☐ Credit Card

Receipt #: _____

Tracking #: _____